PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. MorphoTrust USA Inc. PAC 296 Concord Road ADDRESS (number and street) (Check if address is changed) Billerica 01821 MA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS gmagoon@morphotrust.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.MorphoTrust.com (Check if address is changed) DATE 2013 C00437491 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Mr. Gregory Magoon Type or Print Name of Treasurer Mr. Gregory Magoon [Electronically Filed] 03 13 2013 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100